## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN VOTE!	
	C C00473918
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Mission Control	02 03 2014
Mailing Address 114 A Mansfield Hollow Rd	Amount
City State Zip Code	15263.81
City State Zip Code  Mansfield Center CT 06250	Transaction ID : SE-6206 Date of Disbursement or Obligation
Purpose of Expenditure Mailhouse  Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 13
David Jolly Oppose	President Senate State:FL
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For:  Primary  General  Other (specify) ► Sp-Gen
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	Data of Bishamana and an Ohlinatian
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disbu	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	15263.81
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	Jrana a
(c) 10112 maspandon Expandidades	15263.81
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
Caroline Fines	M / D D / Y - Y - Y
[Electronically Filed] Date Signature	02 04 2014
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